
Bid Opening
April 5, 2016
10:00 a.m.

VENDORS ARE REQUIRED TO USE THIS BID FORM
(Vendors must mail one original copy to MDPS and are encouraged but not required to submit one electronic copy via MAGIC.)

Monthly Price	Annual Price

VENDOR INFORMATION (Please Complete All Sections Below)

Company Name: _____

Company Address: _____

Telephone Number: _____ **Fax Number:** _____

Email: _____

Company Representative Name (Print): _____

Company Representative Signature: _____

Date: _____

REFERENCE REQUIREMENTS

(Bidder must supply at least three (3) references and locations of types of services within the last three years.)

Reference # 1

Company Name: _____

Company Address: _____

Telephone Number: _____

Company Contact Representative Name: _____

Reference # 2

Company Name: _____

Company Address: _____

Telephone Number: _____

Company Contact Representative Name: _____

Reference # 3

Company Name: _____

Company Address: _____

Telephone Number: _____

Company Contact Representative Name: _____